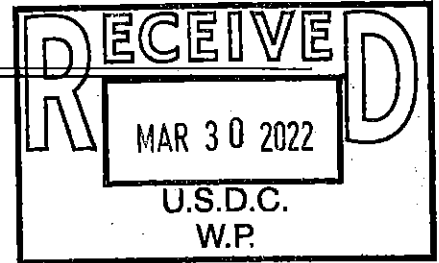


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



Algier's Ramon Sander's Garcia

Write the full name of each plaintiff.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

-against-

John Doe #1

John Doe #2

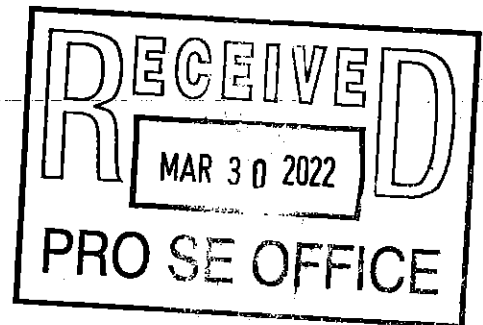
D.E.A

John J Kerwick

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**COMPLAINT**

Do you want a jury trial?  
☒ Yes ☐ No



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Cruel and Unusual punishment

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

Alajier's                      Ramon                      Sander's Garcia  
First Name                      Middle Initial                      Last Name

10 woods Road                      PO Box 10  
Street Address

Westchester, Valhalla                      New York                      10595  
County, City                      State                      Zip Code

347-835-8055                      CIARIBEL931@GMAIL.COM  
Telephone Number                      Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: John Doe #1  
 First Name Last Name  
D.E.A  
 Current Job Title (or other identifying information)  
140 Grand Street #207  
 Current Work Address (or other address where defendant may be served)  
White Plains NY 10601  
 County, City State Zip Code

Defendant 2: John Doe #2  
 First Name Last Name  
D.E.A  
 Current Job Title (or other identifying information)  
140 Grand Street #207  
 Current Work Address (or other address where defendant may be served)  
White Plains NY 10601  
 County, City State Zip Code

Defendant 3: JOHN J KERWICK  
 First Name Last Name  
DEA  
 Current Job Title (or other identifying information)  
140 GRAND STREET #207  
 Current Work Address (or other address where defendant may be served)  
WHITE PLAINS NY 10601  
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: BUSHEY AVENUE IN YONKERS to close Ridgeview Avenue

Date(s) of occurrence: November 29th, 2021

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See ATTACHED sheet

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

See Attached sheet.

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

I am requesting full Compensation for my mental health, emotional distress, proper medical treatment, pain and Suffering along with punitive damages due to the traumatic action of the defendants involved. I am requesting 900,000 due to all the reason mentioned above. This situation has deprieved me of Particiat in my Case

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

03/25/2022  
Dated

*Alger's*  
Plaintiff's Signature

Alger's Ramon Sanders Garcia  
First Name Middle Initial Last Name

10 Wood's Road po Box 10  
Street Address

Westchester, Valhalla Newyork 10595  
County, City State Zip Code

347-835-8055  
Telephone Number

CIARibela931@gmail.com  
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



## #Nacional



El Departamento de Justicia dio a conocer que los supremacistas buscaban perjudicar la economía del país. ARCHIVO

## #Terrorismo

## Neonazis se declaran culpables de intentar atacar red eléctrica

EFE  
WASHINGTON

Tres hombres supremacistas blancos se declararon culpables de participar en un complot para atacar con rifles la red eléctrica en varios puntos de Estados Unidos y dañar la economía del país, informó ayer el Departamento de Justicia.

Christopher Cook, de 20 años, Jonathan Frost, de 24, y Jackson Sawall, de 22, admitieron haber adquirido armas para sabotear instalaciones eléctricas, lo que se considera un delito federal, por el que afrontan penas máximas de prisión de 15 años.

“Estos tres acusados admitieron haber participado en un complot inquietante en apoyo del supremacismo blanco para atacar las instalaciones de energía con el fin de dañar la economía y avivar la división en nuestro país”, dijo el encargado de Seguri-

### Adquirieron armas

Christopher Cook, de 20 años, Jonathan Frost, de 24, y Jackson Sawall, de 22, admitieron haber adquirido armas para sabotear instalaciones eléctricas.

dad Nacional del Departamento de Justicia, Matthew Olsen, según un comunicado.

Frost y Cook se conocieron en 2019 en internet, acordaron atacar la red eléctrica y comenzaron a reclutar a otros jóvenes mediante listas de lecturas de libros que “promovían el supremacismo blanco y el neonazismo”. Más tarde Sawall se unió al plan.

Cada uno de los tres tenía asignada una estación eléctrica para atacar con rifles con el objetivo de que ocasionar un gasto de millones de dólares al Gobierno y causar

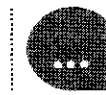
malestar entre la población.

“Tuvieron conversaciones sobre la posibilidad de que un apagón eléctrico durante meses desembocara en una guerra, incluso una guerra racial, y provocara una Gran Depresión”, afirmó el Departamento de Justicia.

Los tres planeaban llevar durante el atentado collares con píldoras de fentanilo (un opiáceo sintético que es entre 80 y 100 veces más fuerte que la morfina) que ingerirían en caso de ser arrestados por la policía para morir de una sobredosis.

Mantuvieron reuniones tanto en Texas como en Ohio, donde pintaron una esvástica debajo de un puente para reclutar a otros miembros.

“Aquellos inspirados para cometer actos terroristas en nombre del odio representan una seria amenaza para nuestra nación”, dijo William River, agente del FBI a cargo del caso, en el comunicado.●



### Muere tras disparar a policía en Florida

Un hombre que disparó a un policía y se dio a la fuga durante un control de tráfico en el condado de Taylor, Florida, fue abatido ayer por el dueño de una vivienda al entrar violentamente en la misma.

## #Racismo

## Comunidad afroamericana recibió 57 amenazas de bomba

EFE  
WASHINGTON

EEUU registró en los dos primeros meses del año 57 casos de amenazas de bomba contra universidades, otras instituciones educativas y centros de culto dirigidos a la comunidad afroamericana, según los datos aportados por el FBI en un comunicado.

Dichas amenazas llegaron por medio de llamadas telefónicas, correos electrónicos, mensajes instantáneos y publicaciones anónimas en internet.

La institución está investigando como “crímenes de odio por motivos raciales” las 57 amenazas de bomba que sufrieron los centros educativos entre el 4 de enero y el 16 de febrero de este año.

Los agentes del FBI están

### Crímenes de odio

La institución está investigando como “crímenes de odio por motivos raciales” las 57 amenazas de bomba que sufrieron los centros educativos.

realizando “cientos de interrogatorios” y reuniendo evidencias en coordinación con policías locales y estatales para “identificar a los involucrados”.

“Aunque no se han encontrado artefactos explosivos relacionados con estas amenazas, el FBI las toma todas con la mayor seriedad y permanecerá alerta para proteger a nuestras comu-

nidades”, afirmó. Durante los últimos dos meses se ha registrado una ola de amenazas contra centros educativos y de culto históricamente dedicados a la comunidad afroamericana, lo que en algunos casos ha conllevado el cierre de instalaciones y la alteración de sus actividades.

Entre las instituciones amenazadas está la Universidad de Howard, centro de estudios de Washington que el pasado 1 de febrero recibió de madrugada una amenaza de bomba, si bien la Policía inspeccionó sus instalaciones y no halló ningún artefacto explosivo.

El 8 de febrero, un instituto Las amenazas se intensificaron a principios de febrero, cuando comenzó el Mes de la Herencia Negra.●

# LOS OFICIALES DE POLICÍA SIEMPRE DEBEN TRATARLE CON RESPETO

Si experimenta ó ve los agentes de policía:

Utilizando fuerza excesiva ó innecesaria

Abusando su autoridad

Comportándose groseramente

Utilizando insultos raciales ó de otro tipo

Contacte la Junta de Querellas Civiles de la Ciudad de Nueva York.

Síguenos en Twitter en @CCRB\_NYC

PRESENTE UNA QUERELLA AL  
NYC.GOV/CCRB COMPLAINT

Ó LLAME AL 1-800-341-CCRB (2272)





## #Inmigración

**Baja el número de inmigrantes detenidos en febrero**  
El número de inmigrantes arrestados en las prisiones de la Oficina de Inmigración y Aduanas (ICE) bajó este mes de febrero, mientras sube el número de extranjeros que son liberados bajo el Programa de Alternativas de Detención (ATD)



Bajo la administración Biden se mantienen las detenciones numerosas de inmigrantes en la frontera. /ARCHIVO

# Aumenta al doble estricta 'detención alternativa' de los indocumentados

Jesús García  
jesus.garcia@eldiariiony.com

Cada vez más inmigrantes indocumentados están bajo los programas alternativos de detención de la oficina de Inmigración y Control de Aduanas (ICE), pues en un año se ha duplicado, al tiempo que la vigilancia de estos no ciudadanos es estricta al tener que portar grilletes con GPS o ser monitoreados con otra tecnología en teléfonos celulares.

Eso a pesar de que el número de inmigrantes detenidos por ICE ha disminuido en febrero, indica un reporte del Centro de Información y Acceso de Registros Transaccionales (TRAC) de la Universidad de Syracuse, Nueva York.

Ahora más inmigrantes son liberado bajo el Programa Alternativas de Detención (ATD, en inglés), el cual permite a los no ciudadanos permanecer en libertad condicionada, mientras esperan una solución en tribunales. El investigador del TRAC,

'La Migra' ha intensificado el uso de variantes de captura con apoyo de alta tecnología

### Austin Kocher

Investigador

«Estamos siendo testigos de un cambio profundo en las formas geográficas de vigilancia y control de los migrantes».

Austin Kocher, destacó que cuando el presidente Joe Biden asumió la presidencia había 90,000 inmigrantes bajo ese program, pero ahora hay más de 182,000.

«Estamos siendo testigos de un cambio profundo en las formas geográficas de vigilancia y control de los migrantes», escribió Kocher.

Criticó esta política de control de inmigrantes, pues se justifica en "humanitarismo

liberal", pero se sustenta en las teorías "de una amenaza social, la mercantilización y el correaje de datos personales".

Kocher retoma los datos publicados por ICE sobre el incremento de inmigrantes bajo ATD, las cuales no considera "alternativas a la detención".

"ATD representa la extensión geográfica de la lógica carcelaria en la vida cotidiana de las personas fuera de los muros de la prisión/detención, que se manifiesta en nuevas formas de muros digitales alrededor del hogar y el trabajo, y nuevas fronteras temporales en torno a horas y fechas específicas", consideró.

El experto en inmigración está de acuerdo con las teorías de que estas alternativas de detención "no son alternativas de detención", sino otras

formas de la misma.

"Estos muros y fronteras, estas formas de supervisión aumentada", operan a nivel tecnológico a través de informes telefónicos, grilletes de tobillo GPS", recuerda. "Cada vez más, a través de aplicaciones basadas en teléfonos inteligentes, como SmartLINK, que son menos visibles que un dispositivo con correa en el tobillo pero ofrecen un seguimiento más intenso y recopilación de datos".

Agregó que el uso de esas tecnologías ha aumentado en los últimos años, pues mientras el uso de GPS se estancó en 30,000 usuarios, el uso de SmartLINK creció de 6,000 afiliados a casi 120,000 en menos de dos años y medio.

"Es poco probable que este crecimiento se detenga pronto", advirtió.

Recordó que existe un plan para sumar a 400,000 inmigrantes en el nuevo programa, el cual --según un reporte de Axios-- también contemplaría un "toque de queda" para los inmigrantes.●

## Confirman que inmigrante murió baleado por la Patrulla Fronteriza

EFE  
MIAMI

Las autoridades forenses del estado de Arizona, en la frontera sur de EEUU, confirmaron que un inmigrante murió debido a "múltiples" impactos de bala disparados el sábado pasado por un agente de la Patrulla Fronteriza en los límites con México.

El médico forense del condado de Pima (Arizona) no dio a conocer la identidad de la víctima porque, según dijo, las autoridades aún investigan los hechos.

Indicó que el inmigrante "recibió disparos del personal de la Patrulla Fronteriza el 19 de febrero en el condado de Cochise, a unas 30 millas (40 kilómetros) al noreste de Douglas".

"Se determinó que la causa de la muerte fue el resultado de múltiples heridas de bala", precisó el forense en un comunicado.

Por su parte, la Oficina del Alguacil del Condado de Cochise (CCSO, en inglés) señaló que continúa el proceso de identificación del fallecido y que se dará a conocer información adicional sobre los hechos a medida que esté disponible.

La oficina del alguacil dijo que ya fueron informados de la causa de la muerte del inmigrante y que investigan al "agente involucrado en el incidente".

La Patrulla Fronteriza señaló ayer que durante el hecho agentes en caballos detuvieron la noche del sábado a tres inmigrantes indocumentados en el lugar y que otro intentó huir hacia el cañón.

"Uno de los agentes de la Patrulla Fronteriza siguió a este individuo y mientras lo detenía disparó su arma de fuego hiriendo fatalmente al migrante, tentativamente identificado como ciudadano de México", señaló en un comunicado.

"Los agentes de la Patrulla Fronteriza transmitieron una solicitud de asistencia médica por radio, evaluaron al migrante y determinaron que había fallecido", agregó.

Señaló que mientras buscaban en los alrededores, los agentes de la Patrulla Fronteriza detuvieron a otros dos inmigrantes indocumentados que formaban parte del mismo grupo.

### Agente es investigado

La oficina del alguacil dijo que ya fueron informados de la causa de la muerte del inmigrante y que investigan al "agente involucrado en el incidente".

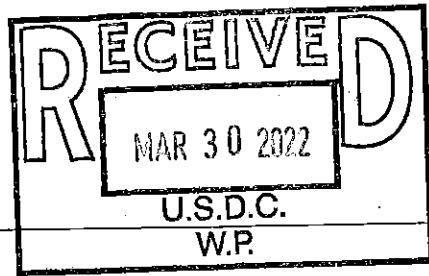
Todos los inmigrantes fueron transportados a la estación de la Patrulla Fronteriza de Douglas.

De otro lado, la Coalición de Comunidades de la Frontera Sur pidió ayer una investigación independiente de los hechos, al denunciar que hubo irregularidades en la forma como se procesó el incidente.

"No puede haber una investigación independiente de los agentes fronterizos con la participación de la agencia que los emplea", señaló.●



Hasta el momento no se ha dado a conocer la identidad y nacionalidad del hombre que murió. /GETTY IMAGES



(Facts)

Page (1)

During an arrest administered by the D.E.A, I was walking on the sidewalk. When a demanding voice yelled to stop where I was, I (Sanders) look at the direction where the aggressive voice is coming from. They had weapon aimed at my body, I stopped, made no movement to flee. Afterwards, I was ~~hand~~ hand - Cuffed and placed into an unidentified truck. The Unmarked truck had no signs that visibly affiliated with any Police agency. While in the passenger's side of the unidentified truck, Agent (A) was in the driver's side, and agent (B) in the back seat. When the truck was in route, Agent (A) the driver started to viciously attack me. Agent (A) was steering with he's left hand, and punching my left side of my face, ten or more times with his right hand. Agent (A) was using he's right clenched fist

Page(2)

to administer the Sudden Strikes. Meanwhile Agent (B) progressed to hold me down tight using the Seat belt. At this point both agents (A) and (B) were harming me: Agent (A) continues to strike me, and Agent (B) started to choke me using the Seat belt. At that point the left side of my face was in severe pain from the multiple strikes from Agent (A). All I could do ~~was~~ was sway to the right close to the window to try avoid my strikes. While trying this hard maneuver ~~and~~ with Agent (B) still holding me by the throat, I felt three fingers include: Middle ring, and pinky my right hand pop out the socket's. I yelled in agony however agent (A) started to ask me questions. I generally could not understand the question, because English is not my first language. I plead with the little amount of English that I could speak, to why



page(3)

i was being attacked. Finally agent (B) told Agent (A) to calm down, thankfully Agent (A) listened. I could see my reflection on the window, I had a huge bruises under my left eye, and my right hand had sharp pinching pain. Both Agent's (A) and (B) looked at each other, and did not continue to speak at all. I pointed out to best of my ability, that i was in severe pain from the attack. However both agent's did not consider my plea to seek medical attention: they drove me straight to D.E.A holdings.

(Injuries)

All the actions that resulted in wrongful acts done by the agents involved. I was mistreated harmed and abused. When they bluntly attacked while hand - Cuffed. Agents (A) & (B) denied my need to ~~seek~~ Seek medical attention; when three of my fingers middle, ring, and pinky were broken. In the process of the assault my face was severely damaged since the date of complaint (occurrence). I have seek medical assistance at Westchester, Country Correction. I currently have difficult listening out my left ear, and nightmares of the experience with the D.E.A. The D.E.A has Causes unnecessary physical distress and damage to a Complaint individual.



| Health Services Request                 |                                     |                | Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile |
|---|-------------------------------------|----------------|--|
| Patient Name<br><u>Algieers SANDERS</u> | Patient Number<br><u>0000265583</u> | Booking Number | Date of Birth<br><u>10-07-1988</u> Today's Date:<br><u>02-18-22</u>      |

Name (Nombre): Algieers SANDERS Patient ID# (Numero de ID): 0000265583  
 DOB (Fecha de nacimiento): 10-07-1988 Housing Location (Localidad): PN-C #41

Type of Request: ☒ Medical/Medico ☐ Mental Health/Salud Mental ☐ Dental  
☐ Medication Assisted Treatment (Detox)/Programa de desintoxicacion  
☐ Other/Otro: \_\_\_\_\_

Please describe problem: (Describe las problemas):

MY LOWER LEFT SIDE OF MY BACK HURTS ABOUT 2 MONTHS AGO  
I WAS BEATING BY THE DEA I CANT TAKE THE PAIN IN  
MY LEFT EYE AND EAR ALSO MY LOWER BACK I NOT SLEEPING  
A

Patient Signature: [Signature] Date/Time: 02-18-22

To be completed by healthcare staff:

Received: **FEB 19 2022**

Date: \_\_\_\_\_ Time: 0153

Signature: [Signature] Helene Bishop  
Registered Nurse

Triage: ☐ Emergent ☐ Urgent ☒ Routine Date/Time: 2/18/22 6" Initials: GS

Face to Face Interaction? ☒ Yes ☐ No Copay Charged? ☐ Yes ☐ No ☒ N/A

Findings: 2" wide back pain; Rt kneeable swelling Lt lower eye orbital;

Immediate Intervention needed? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Scheduled with: Nurse Provider Mental Health Dental Eye Dr. Other \_\_\_\_\_

Response to Patient/Comments:

It ear hearing loss; Tylenol / X-ray Rt hand

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

QHP Printed Name/Title: \_\_\_\_\_

Guerino Tondreau  
Registered Nurse

|  |                                |                       |   |
|--|--------------------------------|-----------------------|---|
| Form Folder and Number:<br>Health Request Forms HF03.0 | Form Owner:<br>Mary Ann Wollet | Accreditation:<br>All | Active / Last Revision Date:<br>November 16, 2021 |
|--|--------------------------------|-----------------------|---|







| Health Services Request                |                                     |                | Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile |
|--|-------------------------------------|----------------|---|
| Patient Name<br><u>Algiers SANDERS</u> | Patient Number<br><u>0000265583</u> | Booking Number | Date of Birth<br><u>10/7/88</u> Today's Date:<br><u>02/25/22</u>                    |

Name (Nombre): Algiers SANDERS Patient ID# (Numero de ID): 0000265583

DOB (Fecha de nacimiento): 10/7/88 Housing Location (Localidad): P-C 41

Type of Request: ☒ Medical/Medico ☐ Mental Health/Salud Mental ☐ Dental  
☐ Medication Assisted Treatment (Detox)/Programa de desintoxicacion  
☐ Other/Otro: \_\_\_\_\_

Please describe problem: (Describe las problemas):

NO AGUANTO EL DOLOR de LA ESPALDA  
y LA PARTE IZQUIERDA de LA CABEZA y EL OIDO LO  
TENGO POR DENTRO DAÑADO POR LOS GOLPE de LA PENA me  
DUELE MUCHO LA MANO DERECHA NO PUEDO DORMIR

Patient Signature: [Signature] Date/Time: 02/25/22

To be completed by healthcare staff:

Received:

Date: 2/26/22 Time: 1:50 A

Signature: [Signature] Williams, RN

Triage: ☐ Emergent ☐ Urgent ☒ Routine Date/Time: 2/24/22 9:23 PM Initials: Gr

Face to Face Interaction? ☒ Yes ☐ No Copay Charged? ☐ Yes ☐ No EN/A

Findings: X-ray (no fracture) (2) ears internal damage (hearing loss)

Immediate Intervention needed? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Scheduled with: Nurse Provider Mental Health Dental Eye Dr. Other \_\_\_\_\_

Response to Patient/Comments:

Perforated membrane - (2/22/22) seen by NP; specialist recommended

Req: PT for finger

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

QHP Printed Name/Title: \_\_\_\_\_

Guerino Tondreau  
Registered Nurse

|   |                                |                       |   |
|---|--------------------------------|-----------------------|---|
| Form Folder and Number:<br>Health Request Form HF03.0 | Form Owner:<br>Mary Ann Wollet | Accreditation:<br>All | Active / Last Revision Date:<br>November 16, 2021 |
|---|--------------------------------|-----------------------|---|





Westchester County, NY  
Westchester DOC  
10 Woods Road  
Valhalla, NY10595

## Receiving Screening



| Patient Name                 | Patient Number | Booking Number | Birth Date | Date Of Service |
|------------------------------|----------------|----------------|------------|-----------------|
| ALGIERS RAMON SANDERS-GARCIA | 265583         | 2021001928     | 10/7/1988  | 11/30/2021      |

- ☐ Mental Health Special Housing  
☒ GP with Referral (check appropriate box)  
☐ Medical ☒ Mental Health ☐ Dental

IN105UN0960ACCEN052317 (Westchester, NY)

Westchester County, NY  
Westchester DOC  
10 Woods Road  
Valhalla, NY 10595  
914-231-1085

PN-1C-041



**wellpath**

To hope and healing.

| Staff Referral Form                                      |                                 |                                     | Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile |
|--|---------------------------------|-------------------------------------|---|
| Patient Name<br><b>SANDERS-GARCIA, ALGIERS<br/>RAMON</b> | Patient Number<br><b>265583</b> | Booking Number<br><b>2021001926</b> | Date of Birth<br><b>10/7/1988</b><br>Today's Date:<br><b>2/19/2022</b>              |

Type: ☐ Emergent ☒ Urgent ☐ Routine

**Medical**

- ☐ Physician  
☒ Mid-level Provider  
☐ Nurse  
☐ Chronic Care

**Dental**

- ☐ Dentist

**Mental Health**

- ☐ Psychiatric Provider  
☐ MH Professional  
☐ MH Nurse

☐ Anticoagulation

☐ Cardiac

☐ Thyroid

☐ Pregnancy

☐ HIV

☐ Asthma / COPD

☐ Diabetes

☐ Hyperlipidemia

☐ Renal / Dialysis

☐ Cancer

☐ Hypertension

☐ Seizures

☐ Hep C

☐ Hep A

☐ Other: (note below)

Other:

None

Reason for Referral:

Left ear hearing loss R/t injury.

Additional Information (including interim actions taken):

None

Referred By:

Mathai Riny, MD

Printed Name

Guerino Tondreau  
Registered Nurse

Signature

Guerino Tondreau  
Registered Nurse

Date 2/19/22

Appointment Date

Date Seen

Seen By:

Printed Name

Monique Lockett-Cummings  
Nurse Practitioner

Signature

Date



\*053730162402861012347589CP19332PNXN\*

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## Receiving Screening



| Patient Name                 | Patient Number | Booking Number | Birth Date | Date Of Service |
|------------------------------|----------------|----------------|------------|-----------------|
| ALGIERS RAMON SANDERS-GARCIA | 265583         | 2021001926     | 10/7/1988  | 11/30/2021      |

Explain:

26. Is Patient state of consciousness abnormal in any way? ☐ Yes ☒ No

Describe:

27. Is Patient movement restricted or compromised in any way? ☐ Yes ☒ No

☐ \*\* No Items Selected \*\*

Describe:

28. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.) ☐ Yes ☒ No

Explain:

29. Does Patient's skin or scalp have obvious lesions, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse? ☒ Yes ☐ No

Explain: TATTOOS: L FULL SLEEVE, RT SIDE OF CHEST, SCARS: RT SIDE OF EYEBROW, ECCHYMOSIS UNDER L EYE, PT HAS PIERCING ON L SIDE OF NECK

30. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance) ☒ Yes ☐ No

Explain: 1ST TIME OFFENDER

Remarks:

PT IS 33 Y O MALE, PT DENIES MEDICAL HX, SA HI, PT SEEN BY MHP IN BOOKING, PT CLEARED FOR GP, PT DENIES DRUG \ ALCOHOL ABUSE, PT DID NOT RECEIVE ANY VACCINES WITHIN THE LAST 14 DAYS, PT REFUSED COVID-19 VACCINE, PT CLEARED FOR SCANNING.

Education provided orally and in writing on Access to Healthcare ☒ Yes ☐ No

Education provided orally and in writing on Access to Mental Health Services ☒ Yes ☐ No

Education provided orally and in writing on Sexual Assault Awareness ☒ Yes ☐ No

Education provided on Safe Sex Practices. Abstinence / Barrier protection discussed? ☒ Yes ☐ No

"611 Notice" given ☐ Yes ☒ No

Pre-Counseling HIV completed? ☒ Yes ☐ No

Are you interested in receiving HIV Testing? ☐ Yes ☒ No

Why REFUSED

HIV testing offered? ☐ Yes ☐ No

Why

HIV testing accepted? ☐ Yes ☐ No

Why

Are you interested in receiving the Hepatitis A and B vaccine? ☐ Yes ☒ No

Why REFUSED

Were you born between 1945-1965? ☐ Yes ☒ No

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Complaints not Requiring  
Medical Treatment Nursing  
Documentation Pathway  
NYCCSMS



| Patient Name                 | Patient Number | Booking Number | Birth Date | Date Of Service |
|------------------------------|----------------|----------------|------------|-----------------|
| ALGIERS RAMON SANDERS-GARCIA | 265583         | 2021001926     | 10/7/1988  | 2/19/2022       |

☒ **Routine**

Data collection that does not trigger medical or mental health intervention

**Provider Order required for Implementation of All Medication Interventions**

☒ **Provider Order Required** ☐ **Provider Order Not Required**

Provider Contacted

Mathai  
Riny

Time

7:50

☐ AM ☒ PM

☐ **Emergent Interventions - N/A**

☐ **Urgent Interventions - N/A**

☒ **Routine Interventions**

☐ Educate patient that this complaint is not a medical condition that requires medical intervention

☒ Reassure patient and refer to facility commissary for self-administered treatment for comfort care.

☒ Instruct per Education Fact Sheet

☒ **Additional Documentation**

Added 02/19/2022 08:37 PM EST by GTondreau RN

Patient complains of lower back discomfort left side; Left eye lower orbital discomfort; Left ear hearing loss; Right knuckle swelling; Requesting Tylenol for pain; On-call MD notified; Referred to opto & provider; Tylenol ordered; (Acetaminophen) Tylenol 325 mg tablet: give 2 tablet by mouth BID 8AM & 5PM PRN for 14 days. PRN Reason: Pain; Instructions read back for accuracy.

**Scheduled Follow-up**

☐ None - resolved

☒ Provider

☐ Behavioral Health

☐ Nursing

☒ Referral to



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Complaints not Requiring  
Medical Treatment Nursing  
Documentation Pathway  
NYCCSMS



| Patient Name                 | Patient Number | Booking Number | Birth Date | Date Of Service |
|------------------------------|----------------|----------------|------------|-----------------|
| ALGIERS RAMON SANDERS-GARCIA | 265583         | 2021001926     | 10/7/1988  | 2/26/2022       |

EXAM

☐ Circles under eyes ☐ Yawning incessantly ☐ Nodding off during interview

☒ Routine

Data collection that does not trigger medical or mental health intervention

Provider Order required for Implementation of All Medication Interventions

☒ Provider Order Required ☐ Provider Order Not Required

Provider Contacted

Ulloa  
Raul

Time

4

☐ AM

☒ PM

☐ Emergent Interventions - N/A

☐ Urgent Interventions - N/A

☒ Routine Interventions

☐ Educate patient that this complaint is not a medical condition that requires medical intervention

☒ Reassure patient and refer to facility commissary for self-administered treatment for comfort care.

☒ Instruct per Education Fact Sheet

☒ Additional Documentation

Added 02/26/2022 05:21 PM EST by GTondreau RN

Patient enquiring about result X-ray of Right hand 3rd digit swelling; No acute fracture reported; Patient requesting PT for right hand; Patient complains of left ear hearing loss; Seen by NP on 2/22/22 and referred to specialist; On-call MD notified; PT request denied; To be followed up by med director re hearing loss recommendation.

Scheduled Follow-up

☒ None - resolved

☐ Provider

☐ Behavioral Health

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## Progress Note



| Patient Name                 | Patient Number | Booking Number | Birth Date | Date Of Service |
|------------------------------|----------------|----------------|------------|-----------------|
| ALGIERS RAMON SANDERS-GARCIA | 265583         | 2021001926     | 10/7/1988  | 2/22/2022       |

## Patient Allergies:

| Observed Date | Type           | Allergy       | Reaction           |
|---------------|----------------|---------------|--------------------|
| 11-30-2021    | Allergy Items  | Penicillins   | Severe Anaphylaxis |
| 02-01-2022    | Allergen Group | Wool Alcohols | Itching            |

## Patient Problems:

| Observed Date | Category | Type   | Problem  | Confirmed By             |
|---------------|----------|--------|--|--------------------------|
| 02-22-2022    | Acute    | Ear    | Unspecified perforation of tympanic membrane, left ear | Monique Luckett-Cummings |
| 02-04-2022    | Acute    | Dental | Impacted teeth   | hospital                 |

## Orders:

| Medication                            | Dose        | Schedule                              | Start Date           | End Date            |
|---------------------------------------|-------------|---------------------------------------|----------------------|---------------------|
| (Acetaminophen) Tylenol 325 mg tablet | 2.00 tablet | Westchester Facility: BID 8AM and 5PM | 2/20/2022 8:00:00 AM | 3/6/2022 7:59:00 AM |

☒ Vital Signs Taken

## Patient Vitals:

| Observed Date                 | BP     | Pulse | Resp | Temp  | Pulse Ox | Weight | BMI | PF#1 | PF#2 | PF#3 | Waist |
|-------------------------------|--------|-------|------|-------|----------|--------|-----|------|------|------|-------|
| 02-22-2022<br>02:20 PM<br>EST | 118/68 | 81    | 16   | 98.30 | 99       | -      | -   | -    | -    | -    | -     |

Notes / History: ☐ Free Text ☐ SOAP

Added 02/22/2022 02:21 PM EST by MLuckettCummings Nurse Practitioner

02/22/22 approx 1220hrs

Pt seen in clinic r/t staff referral left ear hearing loss

S-Patient presenting for evaluation of left hearing loss mild pain intermittent 2/10 scale. Onset of symptoms was 2 months ago pt reports being hit in the ear several time by police. Patient denies symptoms of postnasal drip, facial pain.

Review of Systems: All other systems reviewed and are negative, denies vision changes

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### Progress Note



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#### Patient Allergies:

*Review of Systems: All other systems reviewed and are negative, denies vision changes*

*O- NAD s1 s2 RRR LCTAB PERRLA A&Ox4*

*Chart reviewed*

*HEENT: right tympanic membrane normal, left tympanic membrane is perforated with a abrasion at 12 o'clock no bleeding noted, no trismus, discharge or drainage.*

*AP- Perforated TM (Left) H72.92*

*Medical Decision Making*

*Patient presenting with difficulty hearing. Given history and physical exam findings, presentation most consistent with perforated membrane.*

*Educated will self resolve and a specialist has been consulted.*

*Pt understands POC*

*Referral ENT*

*Informed to return for new or worsening symptoms such as persistent fevers, persistent vomiting, altered mental status.*

Form Folder and Number:  
 Chronic Care CC03.0

Form Owner: Forms  
 Committee

Accreditation:  
 All

Active / Last Revision  
 Date: 12/4/2019

CERTIFIED MAIL®



7021 1970 0000 8145 4531

WC DOC #265583  
 ALGIERA RAMON  
 SANDERS GARCIA  
 PO BOX 10  
 VAIHANA, NEW YORK 10595

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: UNITED STATES  
 DISTRICT COURT SOUTHERN  
 DISTRICT OF NEW YORK  
 PROSE INTAKE UNIT  
 300 QUARROPAS STREET  
 WHITE PLAINS, NY 10601



9590 9402 6856 1104 8028 50

2. Article Number (Transfer from service label)

7021 1970 0000 8145 4531

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

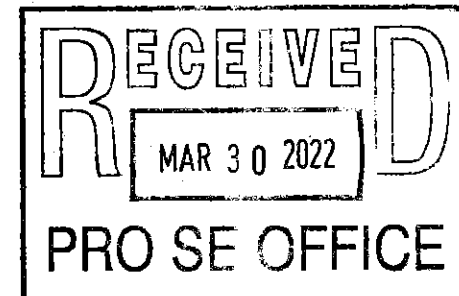
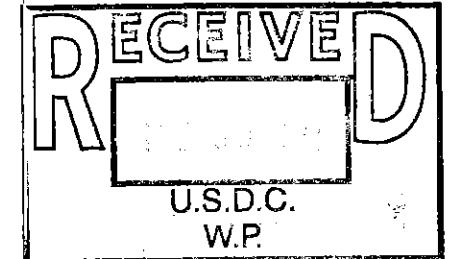
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



AND  
 SWSN

UNITED STATES DISTRICT COURT  
 SOUTHERN DISTRICT OF NEW YORK  
 PROSE INTAKE UNIT  
 300 QUARROPAS STREET  
 WHITE PLAINS, NEW YORK 10601

